CITY OF WICHITA
PERSONNEL DIVISION
455 North Main, Second Floor
Wichita, Kansas 67202
(316) 268-4531

For Office Use Only:	
Date Received	
Date Closed	_
Finding	_

DISCRIMINATION COMPLAINT

Name	Date

Department Division

I, allege that I have been discriminated against in the course of my employment with the City of Wichita, due to my:

Below, please indicate the type of discrimination you are alleging.

Age What is your age?

Race/Color What is your race/color? Sex Are you male or female?

Ancestry Where are your ancestors from?
National Origin What country were you born in?
Religion What is your religious affiliation?
Disability What type of disability do you have?

Veteran Status What is your Veteran status?

Other/Retaliation Please indicate

Date of the Incident
Contact Information of the Incident

Witnesses to the Incident

Name Contact Information

Please describe the incident you are reporting and provide in as much detail as possible, exactly how you feel you were discriminated against. You may attach as many pages as necessary.
Solution/Recommendation:
How would you propose that the situation be fairly resolved?
Signature
For Office Use Only-